

Agricultural Research Service Culture Collection

Strain Deposit Form

NCAUR USE ONLY

NRRL Number: _____

Temporary Number: _____

Storage: Lyophilization ☐

Liquid N₂ ☐

Date Accessioned: _____

Accession Notebook and Page No.: _____

Please complete form as fully as possible. Print legibly or type.

Scientific Name: _____

Depositor: _____

Identified by: _____

Isolation Data:

Isolated by: _____ Date: _____

Substrate or host: _____

Geographic location: _____

If not original isolator, please give strain history: _____

Recommend growth conditions: _____

Equivalent strain numbers in other collections: _____

Significance of strain: ☐ Type Strain ☐ Other _____

References (please supply reprints): _____

Known pathogen: ☐ No ☐ Yes: ☐ Human ☐ Animal ☐ Plant ☐ Other: _____

Comments: _____

The depositor certifies that this strain is not being deposited in the Agricultural Research Service Culture Collection for patent purposes, that it is unconditionally available to the international public, and that it is understood that continued maintenance of this strain is at the discretion of the curator.

Signature of depositor: _____ Date: _____